

**TRANSCRIPT REQUEST**  
**Circuit Court for Howard County**

#####

**Requesting Person's Information**

**Name:**

**Address:**

**Telephone Number(s):**

**E-mail address:**

**Case Information**

**Case No. 13-**

**Case Name:**

**Date(s) of proceeding(s) requested:**

**Is this an appeal?**

**Is this a statutorily expedited appeal?**

**Is this transcript for an Exceptions hearing?**

**What is the latest date you will accept the transcript?**

**Do you wish to pick up the transcript?**

**Do you wish to have the transcript mailed?**

**Any additional comments or instructions?**

**Mail or Fax to:**

**Court Reporting Office  
Circuit Court for Howard County  
8360 Court Avenue  
Ellicott City, MD 21043  
Telephone: 410-313-2293  
Fax: 410-313-3192**

**E-mail to:**

**[transcripts.howardcircuit@mdcourts.gov](mailto:transcripts.howardcircuit@mdcourts.gov)**

**(After request is received, you will be contacted with an estimate of cost.)**